V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12435 |
|--|---|
| 1. PLACE OF DEATH | <u> </u> |
| County Worcester | Registration Dist. No. 357 |
| Village or City Nellousse | No. St., Ward |
| Length of residence in city or town where death occurredvrsmos | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. iI ol loreign birth?mosds. |
| 2. FULL NAME Still-Brith | Bunn |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Pear) |
| 5a. If married, widowed, or divorced HUSBAND of | 22, / LAEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of | 22. I BEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) April 8 1932 | liast saw ham aligned for 8 1932 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at //c/HO/Am. |
| () I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 9 Trade profession or particular | were as Iollows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and | Still-Oom |
| 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Velbourne (State or country) Manifand | Other Contributory Causes of importance: |
| 13. NAME Pettigrew Burn 14. BIRTHPLACE (city or town), Missaleses, (State or country) | |
| 14. BIRTHPLACE (city or 10wn) Mussaleses | Name of operation |
| (Siete of country) Harry Searonna) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME (, Blanche Reid 16. BIRTHPLACE (city or town) Welloume (State or country) | 23. II death wes due to externel causes (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) Welloume | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) Maryland: | Where did injury occur? |
| 17. INFORMANT Pettigsen Burn (Address) Prelloume, Ind | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR REMOVAL | Manner of Injury |
| Machiner en Oate//0x 8,000 | Nature of injury |
| 19. UNDERTAKER Pellyseen Beens (Address) Anthony | 24. Wes disease or injury in eny way related to occupation of deceased? |
| 20. FILED ON 8 3 Hary To Taxle Register. | (Signed) John C. Diehelson M. D. (Address) Stockton Ind. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 Tuly5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS How long in U.S. if of foreign birth? vrs. mas ds. Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. RECORD (Usual place of shode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowad, or divorced HUSBAND of 22 I HEREBY CERTIFY. That I attanded deceased from (or) WIFF of BIND 13 35 6. DATE OF BIRTH (month, day, and vaar) certificate. properly 7. AGE Months If LESS than Days to have occurred on the date stated abova, at ... FOR 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or_5: min. were as follows: Oate of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. RESERVED of plnous may back 9 Industry or husinass in which work was dona, as SILK MILL SAW MILL. BANK, etc 10. Oate deceased last worked at 11. Total time (yaars) this occupation (month and spent in this that Vear) occupation __ instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?____ Was there an autopsy?____ Enl MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? _____ Oate of injury ____ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... DEA (Specify city or town, county and State) Specify whather injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE V. 18, 1903 2 mation LION Nature of injury. 24. Was diseasa or injury In any way related to occupation of dacaased? 19. UNDERTAKER (Addrass) If so, spacify (Signed) Registrar. (Address) __

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| 3 1 | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS FOR BINDIN San instructions on back of contificate MARGIN RESERVED TION is very important

| 5 | AILO | F MAR | YLAND- | CERTIFICATE OF DEATH | |
|--|------------------|--|--------------------------------------|---|---------------|
| 1. PLACE OF DEAT | Н | 1 | , c _l = | 34) | 138 |
| County Magn | ces | lu | | Registration Dist. No. 3-5 | 0 |
| Village or City for | 9011 | D. D. | T | Ptr /// 42 | |
| Vinage of Oity 1_C/ | COM | The contract of the contract o | (1) | death occurred in a hospital or institution, give its NAME instead of street and nur | nber) |
| Length of residence in city | or town where d | eeth occurred | yrsamos | ds. How long in U.S. if of foreign birth?yrsmos. | ds |
| 2. FULL NAME | ew | ry te | olle | us | |
| (a) Residence: No. | | 1 | | St. Ward. | |
| | | (Usual place | | If nonresident give city or town and St | ate |
| PERSONAL AND | STATISTI | CAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX | OR RACE | | RfED, WfDOWED, D (write tha Mord) | 21. DATE OF DEATH | 2 |
| more teo | loved | Di | igle | (Month) (Day) | 93 (Yaar) |
| 5a. If married, widowed, or divorce HUSBAND of | ed | | | | |
| (or) WIFE of | | | | 22. f HEREBY CERTIFY, That I attended de | ceased from |
| | | | | | _, 19 |
| 6. DATE OF BIRTH (month, day, 7. AGE Yaars | and year) Months | Days | If LESS than | I tast saw h aliva on, 19; | leath is sai |
| 10013 | Months | Days | 1 dey,hrs. | to have occurred on the data stated above, at | |
| l a Yests and the control of the con | 0 | | ormin. | were as follows: | Date of enset |
| 8. Trede, profession, or par kind of work dona, a SAWYER, BDOKKEEP | SPINNER, | | | SYPHILIS | |
| 9 Industry or business in | | | | | 3113TH |
| kind of work dona, as SI SAW MILL, BANK, et O. Data deceased last work | LK MILL, | | | ONE IN ATTENDENCE FOUR | |
| 10. Data deceased last work this occupation (month | ad at | 11. Total t | ima (years) nt in this | PAKS PREVIOUS TO DEATH, | |
| year) | | 0cor | pation | | |
| 12. BIRTHPLACE (city or town) | Main | cesta | 10 Co | Dthar Coatributory Causes of importance: | |
| (State or country) | Virgi | nia De | 2 | 4.6.2.2.2.4.4.4.2.2.2.2.2.2.2.2.2.2.2.2. | |
| 13. NAME Police | rles | ma | theur | | |
| 13. NAME LOCAL 14. BIRTHPLACE (city or town | n) | | | Name of operation HERNIORRHAPY Data of 11 | -9-3 |
| (Stete or country) | | | | What test confirmed diagnosis? NONE Was there an euto | new? NO |
| 15. MAIDEN NAME | arth | -ales | llin | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: | 1939: - E 9-W |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town | 0) | | / | Accident, suicide, or homicide? | 10 |
| (Stete or country) | "/ | _ / 0 | | Where did injury occur? | -, \$3 |
| Plia | · Mis | 1111 | 4 4 | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | |
| 17. INFORMANT (QUI) QUI | 711 | Do Pi | T. 71.8 | open, whether mighty occurred in the bost ki, in Home, of the belief PLACE | • |
| 18, BURIAL, CREMATION, OR BE | MOVAL | 7. | Troin, | Manner of injury | |
| toleno Itill a | eu. | Data MOV | -25-193L | Nature of injury | |
| 1300 | 2000 | 1 /30 | ~ a - | 24. Was disaase or injury In any way related to occupation of decaased? | 0 |
| 19. UNDERTAKER (Addrass) | DM A | Page 1 | to great | If so, specific | × |
| 11-1-25 | 22 11 | T | Police | (more reaked Menses Lourh G | Sec . |
| 20. FtLED | 3- /1 | | Registrar. | (Address) Alexendo OLO | M. D |
| | 16 4 | lambs are morded | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | 61 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | TT H | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis DE 2 | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREL | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 0. 0. 00 11. | m | 21 5 /22 17 1 | 0.0.0.0.0 |
|------------------|--------|-----------------|-----------|
| six xilles ludes | Marsey | 2/14/33 scaling | eluld was |
| bour en Virgini | a | | |
| 10 | Q. | | |

| STATE OF MARYLAND— | (23) | |
|--|--|-------------|
| County Worcester | Registration Dist. No. 337 | L |
| Village or City Stockton | ND. St | Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and numbers. How long in U.S. if of foreign birth? yrs. mos. | |
| 2. FULL NAME Mossis Collin | A - | u |
| | 7 A W 3 | |
| (a) Residence: Np. Weav Stocklow Me (Usual place of abode) | St., Ward. If nonresident give city or town and Stat | te |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Ar. 5. | 132 |
| a. If married, widowed, or divorced | (Month) (Day) | (Year) |
| HUSBAND of May Wise | 22. I HEREBY CERTIFY. That I attended dece | eesed fro |
| DATE OF BIRTH (month, day, and year) July 6, 1908 | I last saw have alive on Och, 26, 1982, de | |
| AGE Years Months Days If LESS than | to heve occurred on the date stated above, at 2. A.m. | catii 13 3a |
| 24 4 29 1 day, hrs. | the fellows CAOSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or perticular | Da Da | ate of ons |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | Culmonary | |
| kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 17 may 11. Total time (years) | | |
| | omberculosis ! | 14 |
| 10. Date deceased last worked at this occupation (month and 2 most spent in this year) | 5 | / |
| near off 1+ | Other Contributory Causes of importance: | |
| (State or country) | - | |
| 13. NAME take to living 14. BIRTHPLACE (city or town). Stockston | | |
| 14. BIRTHPLACE (city or town) of twelston | Name of operation Dale of | |
| (State or country) Manyland | What test confirmed diagnosis? Was there an autop | new? |
| 15. MAIDEN NAME Eva Questice | 23. If death was due to external causes (VIOLENCE) fill in also the following: | Jay I |
| 16. BIRTHPLACE (cily or town) Stockstory | Accident, suicide, or homicide? Date of Injury | . 19 |
| (State or country) Manyland | Where did injury occur? | , |
| (Address) Statisting Mid | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| B. BURIAL, CREMATION, OR REMOVAL Date No. 13 | Manner of Injury | |
| UNDERTAKER CARPORTES AND CARPO | 24. Wes disease or lajury in any way related to occupation of deceased? If so, specify And Andrews An | |
| O. FILED CY & BL Hary Tasley | (Signed) Source Que Nessenson | VM. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 10 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| 3. 75 | į | | |
| SUBLINE | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

MARGIN RESERVED FOR BINDIN V. S. No. 1

| 2. 5e. If 6. DA 7. AGI | | 12. BI 17. IN 19. UI 19. UI 20. FI | 12. B | FATHER | MOTHER 1 | 17. IN | 18. BI | 19. U | 20. F1 |
|--|-----------|--|-------|-----------|-------------|--------|---------|-------|--------|
| te. | certifica | TION is very important. See instructions on back of certificate. | ructi | See inst | mportant. | ery i | N is V | TIO | |
| CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | properly | that it may be | 8, 80 | lain term | ATH in p | F DE | USE O | CAI | |
| mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | stated | AGE should be | d. | y supplie | be carefull | l plno | ion sho | mat | |
| N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- | IS A P | NG INK-THIS | ADIA | TH UNF | NLY, WIT | IVI | RITE | 3.—W | z. |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 12430 |
|--|---|
| 1. PLACE OF DEATH | (93) |
| county Wasces Tenso | Registration Dist. No. |
| Village or City Po aomofse lety | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in effy or town where death occurredyrsmos. | |
| 2. FULL NAME Esther teother | iau |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the)word) | 21. DATE OF DEATH |
| Se. If merried, widowed, or divorced | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 1/10/10/15 | Nay 28th , 19 32, to Nov. 10th , 1932 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h.C.P. alive on NOV. 6th, 1932; death is said |
| 7. AGE Years Months Days If LESS than 1 dayhrs. | to have occurred on the date stated above, at 4.060cm. |
| 19 1 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Pulmonary tuberculouis. 5/1923 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10, Date deceased last worked at this occupation (month and | |
| 10. Date deceased last worked at this occupation (month and year) spent in this occupation. | |
| -A-100 set Pa | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Exhaustion. |
| 1 1 1 1 1 1 1 1 1 | Address of Otto |
| 13. NAME Ned Callinary 14. BIRTHPLACE (city or town) Somewhat Cong. | Name of operation NONC Date of |
| 14. BIRTHPLACE (city or town) March (State or country) | (talle of obetation |
| | Whet test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Selece hothering | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or towing or new set lead of | Accident, suicide, or homicide? Date of injury, 19 |
| (Stete or country) May paula | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Select Chaples for Miles | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE. |
| 18 BURIAL CREMATION, OR REMOVAL | Manner of injury |
| What for Choffee Date 15 11 3 , 19 3 C | Neture of injury |
| 19. UNDERTAKER BOCCOLDISTON | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Mor 12, 19.32 Jun 7 Rosey | If so, specify (Signed) — Re Hack M. D. |
| Refistrar. | (Address) - O COLO G |
| 76 Li | N. Cl. L. C P. L |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | 2081 2 030 | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | | |
| | 1915 1921 July 5,1927 | Date of onset Of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 2-1-7-1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial hephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| T. S. L. T. S. L. | | | |
| | | | i |
| Other contributory causes of importance: | | Other contributory causes of importance: | 100 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH occup should Registration Dist. No. 9 Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. _____ds. How long In U.S. if of foreign birth? ______yrs. _____mos. _____ds. Length of residence in city or town where death occurred statement RECORD. (a) Residence: No (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ANENT (Month) (Day) (Year) classified CT 5a. If married, widowed, or divorced HUSBAND of HERE CERTIFY Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) (Cause properly Days If LESS than 7. AGE Years to heve occurred on the data stated above, 1 day, hrs. The PRINCIPAL CAUSE OF DEATH 16 or____min. were as follows: Date of onset 8. Trade, profession, or particular TION kind of work done, es SPINNER, -MARGIN RESERVED SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which PA pluods work wes done, as SILK MILL. occui SAW MILL, BANK, etc M. Total time (yeers)
spent in this 2 7 Man 10. Date deceased lest worked at this occupation (month and that occupetion _ instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis? _____ Wes there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important in car DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of Injury TION 24. Wes diseese or injury in any wey releted to occupetion of 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, actory, mill, etc., as grocery store, seap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 4 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Say - Dan John Market | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

20. FILED How

8

19.3 2

| STATE O | F MARYLAND- | CERTIFICATE OF DEATH 12433 |
|---|---|---|
| 1. PLACE OF DEATH | | <u></u> 3) |
| County Worcester | | Registration Dist. No. 330 |
| Village or City Pocomoke C | ity R.F.D.# 2. | NDSt.,Ward |
| Langth of rasidance in city or town where de | | f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| | | |
| 2. FULL NAME ISAAC Hen | iry Dennis | |
| (a) Residence: Np. | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH November 7th 193.2 (Month) (Day) (Year) |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Denni | .s | 22. I HEREBY CERTIFY, Thet I attended deceesed from |
| 6. DATE OF BIRTH (month, day, end year) | Alexander. | Liest saw harmalive on Let 1952 death is said |
| 7. AGE Yeers Months | Deys If LESS than | to have occurred on the date stated above, et 4.40A.m. |
| 67 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trada, profession, or particuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, atc | Farmer and | Carca of Vering 1930 |
| 9. Industry or business in which work was done, es SILK MILL, | Tohomom | |
| kind of work done, es SPINNER, SAWYER, BODKKEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesad lest worked at this occupetion (month and year) | 11. Total tima (yaars) spent in this occupation | |
| 12. BIRTHPLACE (city or town) WQTC.6 (State or country) | ester County Maryland. | Other Contributary Causes of importance: |
| Levin Denn | | |
| 14. BIRTHPLACE (city or town) WOTC | ester County | Name of operation Person Garage Dete of 1931 What test confirmed diagnosis Autor Was there an europsy2 |
| 🖺 15. MAIDEN NAME Jane | Dennis | 23. If deeth was due to externel causes (VIOLENCE) fill in also that following: |
| | ester County | Accidant, sulcide, or homicide? Dete of injury 19 |
| Z (Stete or country) | aryland | Where did injury occur? |
| 17. INFORMANT Edward Denn (Address) Carlisle | nis Penna. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION OR REMOVAL Place Concester Con Ma | Date 1 15 - 9 - 1932 | Manner of injury |
| 19. UNDERTAKEN LOW . S. | teveresse | 24. Was disease or injury in any way raleted to occupation of deceased? |

Registrar.

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago. |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUREED V B | | | |
| Other contributory causes of importance: | ing. | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

MARGIN RESERVED FOR BINDIN

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12434 |
|---|--|
| 1. PLACE OF DEATH | 10 Ta |
| County wor custer | Registration Dist. No. 355 |
| Village or City us halyville md M. | O No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| nok. Think | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME JOHN DICKERS | lell |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Spunder 2 (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. HEREBY CERTIFY, That I attended doceased from |
| (or) WtFE of | 2/ 1932 to 2002 2/ 1932 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw harmalive on 200 2/ 193 Z death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day, hrs. or min. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Broncho Tuemora |
| SAWYER, BODKKEEPER, etc | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) May Card | |
| 13. NAME Elmer Decker son | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Della STraitor 16. BIRTHPLACE (city or town) | 23, If death was due to external causes (VIDLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT OLYMPE DE LESSEN (Address) Libyrd Dellersum | Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Whaleyill Date NOV. 23, 1932 | Nature of injury |
| 19. UNDERTAKER M. Jasha Watsung (Address) Selvyville Del. | 24. Was disease er injury in any way related to occupation of deceased? |
| 20. FILED 11-29, 1994 Helen J. Days | (Address) M.D. (Address) M.D. |
| If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting V. S. No. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | - | Example II | |
|--|---|--------------|--|---------------|
| The principal cause of importance were | of death and related causes is follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1 p - 1 m - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neg. | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebrol hemorrhage | DEC 2 1982 | July 5, 1927 | Peritonitis | 3 days ago |
| | BURGAU V.S. | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

BIND

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as seriant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | 3 | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | DEC 2 1932 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neg | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | ZUFFAU V.S. | July 5,1927 | Peritonitis . | 3 days ago |
| | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| Secretary and the secretary an | | | | |

V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (58) |
| county Worcesley. | Registration Dist. No. 355 |
| Village or City newark. | NoSt.,Ward |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds, |
| 2 FULL NAME alice may In | |
| (a) Residence: No. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widowed, or divorced HUSBAND of | (nonin) (vey) (teal) |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF RIPTH (month day and year) Souled 20, 1932 | last saw h alive on 19 death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than | I last saw h; death is said to have occurred on the date stated above, at |
| 2 2 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this conception (month and | Can andal |
| SAW MILL, BANK, etc. | 600 |
| - if this sees barron (month and about in this | Debility |
| year) occupation | Other Cantributary Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | Marasmus |
| 13. NAME Y Voman ones | |
| 13. NAME Y Woman ones 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Clara Balson. 16. BIRTHPLACE (city or town). | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Y | Accident, suicide, or homicide? |
| (State of County) | Where did Injury occur? (Specify city or town, county and State) |
| (Address) | Specify whether injury occurred in INDÚSTRÝ, In HOME, or In PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Mr. Jon Cemeling Date Mob. 17, 19 3 | Nature of Injury |
| 19. UNDERTAKER J. W. Burbace | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) Berlin, Md. | If so, specify 1 |
| 20 FILED //- 17- 1932 Helon 7 Hawloan | (Signed) Las II. Carry M. D. |
| Registrar. | (Address) Bestin Red |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYSICIAN |
|----------------------------|----------------------------|
|----------------------------|----------------------------|

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | DEC 5 1932 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ner | | 1021 | Run over by strect ear | 1 week ago |
| Cerebral hemorrhage | PUPFAU V.S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory | eauses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| | 1. PLACE OF DEATH | (31) |
|--------------|---|---|
| | County Warrester | Registration Dist. No. 33-2 |
| | Village or City The Villa | No. St., Ward |
| | | f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| | 2.181211. | |
| | | nis |
| | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| 1 8 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) | 21. DATE OF DEATH (Month) (Day) (Year) |
| | 53. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie M. Jenes | 22. 1 HEREBY CERTIFY, Thet I ettended deceased from |
| cate. | 6. DATE OF BIRTH (month, day, end year) Maly. 3, 1858 7. AGE Years Months Days If LESS than | I lest sew alive on |
| certificate | 7 4 9 14 I day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: |
| back of | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, AMMILL, SAW MILL, BANK, etc. | The Just refleries |
| no | 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Other Coatribatory Causes of importence: |
| instructions | 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Cases of Importance. |
| nst | II 13. NAME Lames V. Janes | |
| See i | 14. BIRTHPLACE (city or town) | Neme of operation Date of Was there an autopsy? |
| ıt. | IS. MAIDEN NAME SADA (NTERES | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| important. | 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| | 17. INFORMANT Mes. Zadreh Janes | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| N is very | 18. BURIAL, CREMATION, OR REMOVAL PIECE Jay Loville Date 4 . 3, 1932 | Manner of injury |
| TION | 19. UNDERTAKER J. W. Burtage (Address) 13 whin mid. | 24. Was disease or injury in any way related to occupation of deceesed? |
| | 20 FILED mr 3, 1932 IV Muniford | (Signed) (Address) B. A M. D. |

If more blanks are needed, audres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.-WRITE PLAINLY,

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDI

of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example 11 | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURSEU A.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 74.5.5 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

FOR BINDIN

MARGIN RESERVED

| STATE OF MARYLA | IND—CERTIFICATE OF DEATH 12440 |
|--|--|
| 1. PLACE OF DEATH | 15/20 |
| County Worcester | Registration Dist. No. |
| Village or City Pocomoke City | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,_ | mosds. How long in U.S. if of foreign birth?mrsmosds. |
| 2. FULL NAMEFranklin Lambertson | |
| | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULA | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI | Thoward The word |
| Male White OR DIVORCED (write to | the word) Pocomoke City November 2nd. 1932 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended decessed from |
| 6. DATE OF BIRTH (month, day, and year) October 30th | 1 1932 I lest saw h elive of 1942; death is said |
| | LESS than to have occurred on the dete stated ebove, at 6 • OOA _m. |
| **** | hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence |
| 8 Trade profession or particular | min. were as follows: |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Pathelos & Ballo |
| 9. Industry or business in which | of thold |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et | |
| O 10. Date deceased lest worked et this occupation (month and spent in this occupation occupation occupation) | (5) |
| | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Pagamake City (State or country) Maryland. | |
| | |
| I | |
| 4. BIRTHPLACE (city or town) Worcester Co. (State or country) Maryland. | Name of operation |
| The state of the s | What test confirmed diagnosis? Was there an autopsy? |
| I | 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) ACCOMAC Co. (State or country) Virginia | Accident, sulcide, or homloide? |
| | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Clayton F. Lambertson (Address) Pocomoke City Maryland, | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| PlacGoodwill Cemetarmie Nov. 3rd. | e., 19.3.2. Nature of injury |
| Clara De Posta de la constante | 24. Was disease or Injury in any way related to occupation of deceased? |
| (AddressPocomoke City, Maryland. | If so, specify |
| 20. FILED Hov. 3. 193: John T Kills | (Signed) M, D, |
| | Registrar. (Address) |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | ii | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. C. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

MARGIN RESERVED FOR BINDIN

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12441 |
|---|--|
| 1. PLACE OF DEATH | 1/4 |
| County Warrester. | Registration Dist. No. 352 |
| Village or City West Ocean City | No. St. Ward |
| / (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 1 4 4 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Jaseph Laylor | . |
| (a) Residence: No// (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE, 5. SINGLE, MARRIED, WIDOWEO, | 21. DATE OF DEATH 12 |
| Male White OR DIVORCEO (write the word) | (Month) (Oav) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Oay) (Year) |
| (or) WIFE of | 22. HEREBY CERT EY, That I attend doceased from |
| 1 12/022 | Liast saw have alive on Hoon & 12 death is said |
| 6. DATE OF BIRTH (month, day, and year) / 1, 1432 7. AGE Years Months Oays If LESS than | I last saw have a live on; death is said to have occurred on the date stated above, atm. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Trade, profession, or particular | were as follows: Darks opened |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | P |
| 9. Industry or business in which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this year) | |
| And | Other Cantelburery Causes of importance |
| 12. BIRTHPLACE (city or town) (State or country) | Worden Vine |
| W 13. NAME Lesse Lauton | |
| 13. NAME Lesse Layton 14. BIRTAPLACE (city or town). Md | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsyl |
| 15. MAIDEN NAME Edna Bradhord | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Edna Bradford 16. BIRTHPLACE (city or town) Md | Accident, suicide, or homicide? Date of injury, 19 |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Jusse Layton | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) M. Deege city | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Every rem Date Mat 75 19.32 | Manner of Injury |
| 17 19.52 | nature or injury |
| 19. UNDERTAKER A Dystage | 24. Was disease or injury in any way related to occupation of deceased? |
| (AUUIESS) Jackson (Ma) | If so, specify |
| 20. FILEO 1/8 1972 Jan. Meurful | (Signed). M. D. |

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | -1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitiol nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | 14. | | | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | personal property and personal | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WE CO

FOR BINDI

12442

| -1- | | | (4) | | | |
|---|---------------------|------------------------------------|---|---|---|-----------------|
| tu | 2 | | M | Registration Dis | st. No. 352 | 2 |
| sh | an | | No | | St., | Ward |
| | | | death occurred in a hospital or institu | | | |
| n where de | eath occurred | yrsmos | ds. How long In U.S. if o | of foreign birth? | yrsm | osds |
| Dec | ad / | Barn | Honord | | | |
| | | | St., Ward. | | | |
| | (Usual place | of abode) | 0.1 | If nonresident giv | e city or town and | Siete |
| TISTIC | CAL PARTI | CULARS | MEDICAL C | ERTIFICATE C | OF DEATH | |
| S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | | | 21. DATE OF DEATH | (Month) | (Oay) | , 193 |
| | | | 1 HEREB) | CERTIFY. | That I attended | 2 18 3 2 |
| r) | 1 . | 1 1/1500 1 | I last saw h | 21 | , 19. | ; death is said |
| nths | Oays | If LESS than 1 day, hrs. or min. | to have occurred on the data state The PRINCIPAL CAUSE OF DEAT were as follows: | | of Importance | Date of onset |
| NER, | | _ | Hil | Bor | 2 | Date of offset |
| L. | | | | | | |
| mo | | me (years) It In this pation | Othar Contributory Canses of Impo | ortance: | | - |
| Ne | mal | d | | | | |
| / | mid ! | | Name of operation | | Date ol | |
| | 1 | 0 | What test confirmed diagnosis? | | Was thara an | eutopsy? |
| ud | e Di | howell | 23. If death was due to external car | | | |
| | ma. | | Accident, sulcide, or homicide? | Dat | e of injury | , 19 |
| J. | eona | rand | Where did injury occur? Specify whether injury occurred i | (Specify city or tov n INDUSTRY, in HOME | wn, county and Sta , or in PUBLIC PL | ne) ACE. |
| ille | Date Mrc | 1.23,19.3.2 | Manner of injury | | | |
| 13. | urba | ge and | 24. Was disease or injury in any w | vay related to occupation | on of deceased? | |
| .l. | V Mies | Registrar. | (Signad) (Address) | Pell | me | M. D. |
| If more b | lanks åre needed, a | dres State Registrar, | 2411 N. Charles Street, Baltimore, R. | equesting U. S. No. Car | | |

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who, had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 1 | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| 1. PLACE OF DEATH | / MARTEARD | CERTIFICATE OF DEATH | | |
|---|---|---|--|--|
| County NO 1 08 | 1/1/1 | Registration Dist. No. | | |
| Village or Citylean Par | rouvolse le | Ty No. St Ward | | |
| Length of residence in city or town where | (If death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? | | |
| 2. FULL NAME Lavee | o Thomas | Mason | | |
| (a) Residence: No. | | St., Ward. | | |
| | (Usual place of abode) | If nonresident give city or town and State | | |
| PERSONAL AND STATIST | | MEDICAL CERTIFICATE OF DEATH | | |
| Mole Mute | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Mov. 24, 193 7 (Year) | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attended deceased from | | |
| (or) WIFE of | | | | |
| 6. DATE OF BIRTH (month, dey, and year) | FUT 23-1858 | I last saw h alive on f9; death is said | | |
| 7. AGE Years Months | Days If LESS than | to heve occurred on the date stated above, at 3,000, m. | | |
| 14 - | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Farmer | The deceased was given medicine | | |
| 9. Industry or business in which | | by Dr N. E. Sartorius about Six months | | |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | | from Dr Contoning horizon I get | | |
| | | from Dr Sartorius he was suffering from Heart Decease | | |
| 12. BIRTHPLACE (city or town) War | cester les. | Dther Contributory Causes of importance: | | |
| (Stete or country) | aryland | | | |
| 13. NAME eres 24 | calore | | | |
| 14. BIRTHPLACE (city or town) | cester teer | Name of operation | | |
| (State or country) | aruland | What test confirmed diagnosis? | | |
| 16. BIRTHPLACE (city or town) | Allelses | 23. If death was due to external causes (VIOLENCE) fill in also the following: | | |
| 5 16. BIRTHPLACE (city or town) | eletres. | Accident, suicide, or homicide? Date of Injury, f9 | | |
| E (State or country) , We | aryland | Where did injury occur? | | |
| 17. INFORMANT Buttone | Masgy | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| 18 BURIAL CREMATION, DR REMOVAL | ne to the state of | Manner of injury | | |
| flow flood gle a soutous | Date 100 2 6 , 1932 | Nature of injury. | | |
| 19. UNDERTAKER JANUARIA | Stevenson | 24. Was disease or injury in any wey related to occupation of deceased? | | |
| 20 FUED Mor 26 1932 Los | In I Patley | (Signed) John T. Riley Registrar M.D. | | |
| 20, 11220 | Registrar. | (Address) Pocomoke City Md. | | |
| If more | blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | |

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE | FOR FURTH | ER STATEMENTS | BY | PHYSICIAN |
|------------------|-----------|---------------|----|-----------|
|------------------|-----------|---------------|----|-----------|

| | PLACE OF DEATH County Wor elsely | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---------|---|---|
| | | Registration Dist. No. 355 |
| 2 | Village or City Alway (No. | St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and |
| | 2FULL NAME COSSOU SUL | JAMIL number.) |
| 5 | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 200 | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODIVORCED (OR DIVORCED) (Write the word) | 16 DATE OF DEATH MV B, 1932 (Month) (Day) (Year) |
| | B DATE OF BIRTH May 6, 1883 | 17 I HEREBY CERTIFY, That I attended the deceased from 193 |
| | (Month) (Dsy) (Year) 7 AGE 49 yrs. 5 mos. 29 ds. or min. | and that death occurred on the date stated above, as m. The CAUSE OF DEATH * was as follows: |
| tallit. | B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) | Yubermlow Jungs. (Durstion) Zyre. mos. do. |
| | 9 BIRTHPLACE (State or country) Decaware | Contributory Secondary (Durstion) yrs |
| | 10 NAME OF Jennel Pakmer | (Signed) C.a. Holland M.D. |
| | 11 BIRTHPLACE OF FATHER (State or country) U 12 MAIDEN NAME O 13 MAIDEN NAME | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| | of MOTHER Sarah Rickard | 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trenslents or Recent Residents) At place |
| 1 | OF MOTHER (State or Country) | At place of deathyrsds. In the Stateyrsds. Where was disease contracted, |
| | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of death? |
| | (Informant) In Edson Foling | usuel residence |
| | (Address) Rowork mas | Newark md. Woo 5 1932 |
| | Filed 11-5- 1982 Helen J. Harwar | n. Parhalial an Selligville |
| | If more blanks are needed, address State Registrat | r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia. (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death Las fracture of skull, and consequences (e.g., sepsis approved by Committee on accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ss important. Example: Measles (disease "Heart failure," "Haemorrhage, Chronic valvular heart etc. Nomenclature The contributory disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

| 1. PLACE OF DEATH | |
|--|--|
| County Worsesler | Registration Dist. No. 352 |
| | No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs, mos. ds. |
| 2. FULL NAME Daniel Pitts Is | 9 |
| | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 25- 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended decessed from |
| (or) WIFE of | 19, to |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS then 1 day,hrs. 0 orhrs. | to have occurred on the date stated above, at |
| 8 Trada profession or particular | Data of onsat |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month and | |
| | |
| 12. BIRTHPLACE (city or town) and Berline (State or country) | Other Contributory Causes of importance: |
| | |
| 13. NAME George Gurnell 14. BIRTHPLACE (city or town). (State or country) | Name of operation |
| 15. MAIDEN NAME Dorotty Gitts | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) and | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) 17. INFORMANT & Orothiy Citto | Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) | openity makes injury coodined in microstri, in nome, of in robelic FEACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of Injury |
| Place St. Pauls Dete Mrs. 24, 193 7 | Natura of injury |
| 19. UNDERTAKER J. W. Burtage (Address) J. Surling and | 24. Was disease or injurt Qanuway related to occupation of decased? If so, specify |
| 20. FILED May 1932 IV Mumford | (Signed) M. D. (Address) |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | - 5 MILE. |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | |
| Unentrotes | Muy1,1925 | Tasi vente tus | 1 year |

stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.

MARGIN RESERVED

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (31) |
| county worcester | Registration Dist. No. 352 |
| Village or City Berlin md. 17.0. | No. St., Ward |
| (If Length of residence In city or town where death occurredyrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long to U.S. if of foreign birth? |
| 2. FULL NAME PIROMINIA (1). Zus | Min |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Nearrie | 21. DATE OF DEATH (Month) (Dat) (Yaar) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of January J. Juillin | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Feb. 22 - 1869 | last sawhen elive on 2013~,19.32; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated abova, at. |
| 63 8 1 day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance ware es follows: |
| 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Chronic hefhritis |
| 9. Industry or business in which work was dona, es SILK MILL, House wife SAW MILL, BANK, etc. | software full forms |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 1939 11. Total time (years) 44 this occupation (month and | |
| this occupation (month and June 13 spent in this year) spent in this year) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importence: |
| (State or country) Maryland | |
| 13. NAME James Holland | |
| 13. NAME James Holland 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| (State or country) | What test confirmed diagnosis? Wes there en eutopsy? |
| 15. MAIDEN NAME Claa Belf/Williams | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| [16. BIRTHPLACE (city or town). (State or country). | Accident, suicide, or homicide? |
| Gid a place of | Whare did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Address) A granaton (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL MODE Nov. 16 , 19.34 | Manner of Injury |
| 19. UNDERTAKER IN : Parka Walson | 24. Wes disease or injury in any wey related to occupation of deceased? |
| (Address) Sellryville Del. | If so, specify R |
| 20. FILED Trop 15, 1952 DV Ment College Registrar. | (Signad) M. D. (Address) Baslin M. D. |
| If more blanks are needed, adversal totale Registeres | Court N. Charles Street Relainment Proposition (7) S. N. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY | SICIAN |
|--|--------|
| | |
| | |
| | 4 |

should state A PERMANENT RECORD. Every item of infox-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

| 1. PLACE OF DEATH | - MANILAND | 46 12447 |
|--|--|--|
| County flasteater | | Registration Dist. Np. 352 |
| Village or City Bellen | | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) S. ds. How long In U.S. If of foreign birth? |
| 2. FULL NAME Sallie | Rider | |
| (a) Residence: No. Bellen | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Lemale as a. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Pro- 20 193 C (Month) (Day) (Year) |
| Ja. If married, widowed, or divorced HUSBAND of (or) WIFE of Fraak Rider | | 22/ I HEREBY CERTIFY. That I ettended deceased from 1932, to nw 20, 1932 |
| 6. DATE OF BIRTH (month, day, end year) | | I last saw h M elive on Mov 19, 19.33 death is sald |
| 7. AGE Years Months | Days If LESS than 1 day,hrs. ormin. | to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| 8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc | 11. Total time (years) can be spent in this 60 occupation. | Cances of Stomach 1930 |
| 12. BIRTHPLACE (city or town) Berlin (State or country) | ma | Other Contributory Causes of importance: |
| 13. NAME Selly Cycro 14. BIRTHPLACE (city or texts) Selle (State or country) | in Pnd | Name of operation 2004 Date of What test confirmed diagnosis? Was there an autopsy? 9 |
| 15. MAIDEN NAME Connection 16. BIRTHPLACE (city or town) 17. INFORMANT ASS. England (Address) | bold | 23. If daath was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL | Date 102 22 , 1932 | Mannar of injury |
| 19. UNDERTAKER James All States | ewart y ma | 24. Wes disaese or Injury in eny way reletad to occupation of deceased? |
| 20. FILED | W Wheele Registrar. | (Signed) Q Horas M. D (Address) Bound M. D |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | ì | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis , | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| TO REAL V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Exact statement of OCCUPA.

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

ż

| 1 | 2 | 4 | 4 | 8 |
|-----|---|-----|----|---|
| -65 | - | 146 | H. | 0 |

| 1. PLACE OF DEATH | |
|--|---|
| County Worcester. | Registration Dist. No. 351 |
| | No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) Is. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Baly Shockley | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OBDIVORCED (write the word) | 21. DATE OF DEATH Nov-28 (Month) (Day) (Yaar) |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended decasasd from |
| 28 04 | , 19, to, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, | I last saw h alive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) Newwork 13. Total tima (years) spent In this occupation. | Other Contributory Causes of importance: |
| (Stata or country) Mid - | |
| 13. NAME CON Shorthly 14. BIRTHPLACE (city or town). | Name of operation Date of |
| (Stata or country) | Whet test confirmed diagnosis? |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT & Clie Shockley (Address) Newark, make the country 18. BURIAL, CREMATION, OR REMOVAL (2) April 18. | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? |
| 19. UNDERTAKER Carl Shockley | Nature of injury 24. Was disease or injury in any way ralated to occupation of deceased? |
| 20. FILED 11/28, 1932 LE Loy Sevieth Registrar. | (Signed) LERry Seyeth, L. Rogm. D. (Address) Seeper Hell, Mid. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related-causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 weck ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| U DEC | 4. \\ | | |
| " Vac !! | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS

E

pluods

carefully

pluods

WRITE

OF

CAUSE LION

certificate.

back may

instructions

important.

FATHER Worcester County 14. BIRTHPLACE (city or town). (State or country) Maryland MOTHER 15. MAIOEN NAME Jane Blades 16. BIRTHPLACE (city or town) Orcester County Maryland (State or country)

17. INFORMANTMYS John S. Mervin (Address) Pocomoke City, Maryland 18. BURIAL, CREMATION, OR REMOVAL Presbyterian Cemetary of Ov. 13th, 1932

19. UNDERTAKER & City Maryland

Registrar.

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury______ 19_____ Where did injury occur?____ (Specify city or town, county and State)

Onte of onset

Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Address)

Name of operation ...

Manner of injury

Nature of injury__

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charl

12450

| 82-0 | |
|---|---------------------------------|
| (A) | 301/ |
| Registration Dist. No. | 0-01 |
| in a hospital or institution, give its NAME instead of | St. Ward |
| How long in U.S.il of loreign birth?yrs. | ds. |
| | |
| Ward. If nonresident give city or | r town and State |
| MEDICAL CERTIFICATE OF DI | EATH |
| E OF DEATH | _ |
| (Month) (Day) | 193 |
| (Month) (Day) | (Year) |
| HEREBY CERTIFY, That | attended daceased from |
| IPM alive on | _, t9 💢 death is said |
| arred on the data stated above, at 12 NOG. | |
| PAL CAUSE OF DEATH and related causes of impor | |
| lows: | Data of onset |
| | |
| brat Hemonha | 90 1/3/32 |
| | |
| V | |
| ributery Causes of importance: | |
| L. A. Anternanteux | / |
| yae goumpeum | no Statering |
| eration | Date ol |
| 1 /1 1 2 | s there an autopay? |
| was due to external causes (VIOLENCE) fill in also th | |
| ricide, or homicide? Date of inju | ury, 19 |
| njury occur? | |
| (Specify city or town, countries in injury occurred in INDUSTRY, In HOME, or in I | nty and State) PUBLIC PLACE. |
| | |
| njury | |
| njury | Az |
| ase or Injury in any way related to occupation of da | ceased? // b |
| ly of lls | 0 |
| d) AWalsch | e mo |
| (Address) | M. D. |
| | |
| es Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of dcath means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURESU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| CTATE OF | BEE DAM | AND CERTIFICATE | OF DEATH |
|----------|---------|-----------------|----------|
| STATE OF | MARYL | AND—CERTIFICATE | OF DEATH |

| ATE | OF | DEATH | 12451 |
|------|-----|--------------------|-------|
| 93-e | | | 250 |
| | Red | sistration Dist No | 7 |

| 1. PLACE OF | F DEATH | | | | - 93-c | 2 | 50 |
|---|---------------------------------|----------------------|-------------------------|------------------------|--|--|-------------------|
| CountyW | orcester | 31 | | TO SIMITO OF | Reg | istration Dist. No. | 7 |
| | ity Pocomoke | | | death occurred in a ho | | sits NAME instead of street and | |
| Length of resi | dence in city or town where o | deeth occurred | yrs,mos | ds. How lo | ong in U.S. if of foreign | birth?m | osds. |
| | ME Harriet | | Walters | | | | |
| (a) Residen | ce: No. 400 Mar | ket | | St.,V | Vard. | | |
| PERSON | AL AND STATIST | (Usual place | | ME | | nonresident give city or town and | State |
| 3. SEX | 4. COLOR OR RACE | 1 | RIED, WIDOWED, | 21. DATE OF | | | |
| Female | White | Widowe | (write the word) | Pocomoke | City, Nov | ember 16th | , 193 2 (Yaar) |
| 5a. If married, widow HUSBAND of (or) WIFE of | ad, or divorced Thomas B.Wa | lters | LE DIE | | EREBY CE | RTIFY, That i attanded | decaased from |
| | | | | | | 1, to Mayonhen | |
| | (month, day, and year) De | | 1 | | alive on $\mathbb{A}\Omega \mathbb{Y}\Omega$ | her 17th, 1932 | .; daath is said |
| 7. AGE Yea | | Days | if LESS than 1 day,hrs. | I. | The second secon | at 9. • . 9. 4. m. elatad causes of importance | |
| 73 | ssion, or particular | 1 6 | ormin. | were as follows: | TODA OF DEATH ON | The second of the potterior | Date of onset |
| SAWYER, 9. industry or work was SAW MIL | vork done se SPINNED | Housewij | me (years) | A . | | . A. Chudnia | 1917 |
| yaar) | ty or town) Pocomo | ke City yland | pation | Inani. | at-to-take | 11d-not-get | 25 |
| 13. NAME 14. BIRTHPLACE | Jerome B.H. | | | I. No de | sine for | food. | Days |
| (5:8:8 0) | (city or town) WORC country) | ester Co Maryland | | | | Data of | autopsy? |
| | ME Julia Mer | | | 23. If death was due | to external causes (VIO | LENCE) fill in also the following | g: |
| | (city or town) Worce country) M | ster Cou aryland | inty | Accident, suicide, o | ccur? | Data of Injury | |
| (Addrass) P | uller B.Wal | y, Maryla | and | | (Speciary occurred in INDUS | cify city or town, county and Sta TRY, in HOME, or in PUBLIC PL | e) ACE. |
| 18 BURIAL CREMAT Baptist Place Poc | Cemetary | M. Patell Q.V. | L9th., 19. 32 | Manner of Injury | | | |
| 19. UNDERTAKER | ocomoke Cit | Steere | uson | | 1 | d to occupation of daceased? | |
| 20. FILED | 19,19 12 / | m-7 1 | Kegistrar. | (Signed)(Addres | Poconok | e City, Ha. | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL. | SPACE | FOR | FURTHER | STATEMENTS | PV | PHYSICIA | N |
|-------------|-------|-----|---------|------------|----|----------|-----|
| ADDITIONAL | STACE | TUR | FURINER | SIMIEMENIS | DI | PHISTOIA | LIN |

B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every frem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

mil

W. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 12452 |
|--|--|
| 1. PLACE OF DEATH | 158 |
| County Working / | Registration Dist. No. 35/ |
| Village or City Near Durit Fill | No. St., Ward |
| Langth of residence in city_or town where death occurredyrsn | (If death occurred in a hospital or institution, give its NAME instead of street and number) 105. ds. How long in U.S. if of foreign birth? |
| B. D / 1 | |
| 2. FULL NAME / SOLLY CONTROL | |
| (a) Residence: No. Sufow (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH |
| nuale OR DIVORCED (write the word) | (Month) (Day) (Yeer) |
| 5a. If married, widowed, or divorced | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| O++ 3 1032 | 7, 130 / 130 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | |
| , 5 1 day | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| /3 1 day,nin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | I died not attend this boles, |
| SAWYER, BOOKKEEPER, etc. | La de la della residente de la constante de la |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | The was ornard to my of the |
| 10. Dato deceesed last worked at this occupation (month and spent in this | The and we less than guillans |
| this occupation (month and year) / spent in this occupation / | aguit aros |
| 12. BIRTHPLACE (city or town) Duow Stell | Other Contributory Causes of Importence: |
| (State or country) | |
| 13. NAME alongo Ward | |
| 4 14. BIRTHPLACE (city or town) Dury | Name of operation Date of |
| of the state of th | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME / Selle Vyulgen | 23. If deeth was due to external causos (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Sello Thubsen 16. BIRTHPLACE (city or town) Dury Mill (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT along ward (Address) Draw Jul Md | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place JUX drin Date Nov 6 ,193 | Neture of injury |
| 19. UNDERTAKER Ju Villiams (Address) Frum Villiams | 24. Wes disease or injury in env way releted to occupation of deceesed? |
| 20. FILED 11/6 , 1932 LECoy Swith Registrar. | (Signed) Au July M. (Address) Duow July M. |
| If more blanks are needed, address State Registr | ar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example-I | | Example II | C. alternatives |
|--|---------------|--|-----------------|
| The principal cause of death-and related causes of importance were as follows: Arteriosclerosis | Date of onset | of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ogo |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURRAU V. S. | 10 4 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | Moy 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 12453 |
|--|---|
| 1. PLACE OF DEATH | (3) |
| County worcester | Registration Dist. No. 355 |
| Village or City Whaleyville md. | NoSt,Ward |
| Length of residence in city or town where Death occurred 440 yrs | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. it of foreign birth?yrs mos ds. |
| | Oas |
| 2. FULL NAME Laura C. Wha | 8t. Ward. |
| (a) Residence: No. (Uppal place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCEO juvice the word) | 21. DATE OF DEATH Nov. 7, 193 2 (Month) (Year) |
| 5a. Il married, widowed, or divorced HUSBANO of (or) WIFE of Storege W. Whaliy | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. OATE OF BIRTH (month, day, and year) Note: 8- 18154 | I last saw halive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at //Ain. |
| 7978 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Demility |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 17.3.2 Occupation occupation (month and year) | |
| 2000 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Maryland (State or country) | Chen myhmis |
| E 13. NAME Masm Halland | The regimes |
| 14. BIRTHPLACE (city of town) Mary Land | Name of operation Oate el. |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME Sarah I. Showell 16. BIRTHPLACE (city or town) Maryland | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 5 16. BIRTHPLACE (city er town) Manyland | Accident, sulside, or homicide?Oate of injury, 19 |
| 17. INFORMANT DATAN CONTROL (Address) What I would be made | Where did injury occur?(Specify city or town, county and State) Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Piece Bullits That Oate NOV. 7., 193 | Nature of Injury |
| 19. UNOERTAKERM Parka Ugatory. (Address) & Our 7. 19 6 00. | 24. Was disease er injury in any way related to occupation of deceased? |
| 20. FILEO 11 - 9th, 1992 Helen F. Harward Registrar. | (Signed) thas I - Law M. D. (Address) Birlin Zud. |
| If more blanks are needed addyest State Registrar | TAREN Charles Street Baltimore Requesting 7) S No |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example II | |
|--|---------------|--|---------------|
| The principal eause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis , 1000 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis DEC 2 1882 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhago | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

BIND

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BURBAN | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |